



Office of Temporary and Disability Assistance

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General Information System (GIS) Message

Section 1

Transmittal:	20 TA/DC059 Upstate and New York City
Date:	June 8, 2020
To:	Subscribers
Suggested Distribution:	Local District Commissioners, Temporary Assistance Directors, Medicaid Directors, Staff Development Coordinators
From:	Jeffrey Gaskell, Deputy Commissioner Employment and Income Support Programs
Subject:	Maintaining uninterrupted managed care enrollment for individuals receiving OASAS Certified Title 14 Part 820 Residential services when a case is transferred from New York State of Health (NYSoH) to the local department of social services (district)
Effective Date:	Immediately
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Section 2

The purpose of this GIS message is to remind social services districts (districts) that for individuals receiving services at New York State (NYS) Office of Addiction Services and Supports (OASAS) [Certified Title 14 NYCRR Part 820 Residential Service Programs](#), it is critical to maintain the same Medicaid Managed Care plan (MMCP) enrollment to ensure uninterrupted coverage when transitioning or referring Non-Modified Adjusted Gross Income (non-MAGI) consumer cases from New York State of Health (NYSoH) to the district for re-determination of eligibility under non-MAGI eligibility rules. This requires coordination between Temporary Assistance (TA) workers and Medicaid (MA) workers.

Part 820 Programs:

Effective 2016, OASAS began the process of re-designating all approved OASAS certified residential programs from Title 14 NYCRR Part 819 and Title 14 NYCRR Part 816.9 to Title 14 NYCRR Part 820 programs.

Part 820 programs are designed to help persons who lack a safe and supportive residential option in the community to achieve changes in their substance use disorder (SUD) behaviors within an appropriate setting. Services may focus treatment on stabilization, rehabilitation, and/or community reintegration in congregate or scatter-site settings. These services may be provided directly on the program site or through cooperative relationships with other service providers. Clinical services in residential programs are delivered on an individual or group basis in a variety of settings.

Managed Care Coverage of Part 820 Treatment Services:

Under the New York State (NYS) [1115 Medicaid Redesign Team \(MRT\) waiver](#), Title 14 NYCRR Part 820 services and programs were incorporated into the managed care benefit package and became a required network provider type.

As such, the Part 820 program reimbursement streams include, but are not limited to:

- 1) Congregate Care Level II: Supports the Part 820 room and board component
- 2) Treatment Per Diem: Supports the Part 820 clinical treatment services

Payment for the Part 820 treatment per diem is only available through Medicaid Managed Care. Maintaining continuity of plan enrollment for individuals receiving Part 820 Residential treatment services is critical to continuity of care.

Issue – Temporary Assistance (TA) case openings cause the NYSoH case to force close:

Some individuals admitted to a Part 820 residential program apply for Medicaid through NYSoH and are enrolled in a MMCP. The MMCP is responsible for the Part 820 clinical treatment services. In addition, some individuals who have Medicaid through NYSoH will apply for TA to pay the Congregate Care Level II facility. The opening of the TA case will cause the NYSoH case to close. If the TA and MA workers do not coordinate to ensure that coverage is maintained in the MMCP, the Part 820 treatment per diem will not be paid. These breaks in coverage occur when individuals are enrolled into a different plan or dropped from MMCP enrollment completely.

In order to prevent such breaks in coverage, the Medicaid enrollment begin date the district enters must be the transaction month plus one. For example, if the TA opening transaction is dated 3/12/2020, the NYSoH Medicaid case will close 4/30/2020. The district needs to enter the MMCP enrollment line on 5/1/2020. The MMCP must be the same MMCP in which the individual was enrolled in through NYSoH.

Required Action- Facilitating Continuity of Medicaid Managed Care Enrollment for MAGI to Non-MAGI Cases:

MA workers at the districts shall follow existing or develop new processes that review referral files and case reports from TA workers, and a process must be in place to flag referral cases associated with the Part 820 Residential Treatment programs.

Both MA and TA Workers should follow appropriate steps to ensure that the same MMCP enrollment from NYSoH is entered into the Welfare Management System (WMS) system. MA Workers should review and take the following steps:

- 1) Review the following Mobius Reports to identify cases that are transferring out of NYSoH and need to be opened in WMS: BMDP5160 (NYC Takeover of HBE PCP Client Reports), BMDP5161 (Upstate Takeover of HBE PCP Clients), and BSDP1003 (Client Takeover Extract File).
- 2) Review eMedNY or the clearance report when a TA case, SSI case, or Foster Care case is opening to see if the consumer is active in the NYSoH and enrolled in managed care.
- 3) Verify the end-date of the NYSoH case in eMedNY, then enter an enrollment in the WMS Prepaid Capitation (PCP) Subsystem. The individual's plan should remain the same from NYSoH to WMS, and the enrollment begin date should be processed for the day following the end of the NYSoH enrollment. For instance, if the NYSoH case ended on 04/30/2020, the WMS enrollment should be entered as 05/01/2020.